

SERFF Tracking Number:	LAF A-125780091	State:	Arkansas
Filing Company:	The Lafayette Life Insurance Company	State Tracking Number:	39972
Company Tracking Number:			
TOI:	L08 Life - Other	Sub-TOI:	L08.000 Life - Other
Product Name:	1459-F-AR		
Project Name/Number:	/		

Filing at a Glance

Company: The Lafayette Life Insurance Company

Product Name: 1459-F-AR

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Filing Type: Form

SERFF Tr Num: LAF A-125780091

SERFF Status: Closed

Co Tr Num:

Co Status:

Author: Katrina Donnoe

Date Submitted: 08/18/2008

State: ArkansasLH

State Tr Num: 39972

State Status: Approved-Closed

Reviewer(s): Linda Bird

Disposition Date: 08/21/2008

Disposition Status: Approved

Implementation Date:

Implementation Date Requested: On Approval

State Filing Description:

General Information

Project Name:

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 08/21/2008

State Status Changed: 08/21/2008

Corresponding Filing Tracking Number:

Filing Description:

August 18, 2008

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 06/30/2008

Domicile Status Comments:

Market Type: Individual

Group Market Size:

Group Market Type:

Deemer Date:

Arkansas Department of Insurance

RE: NEW INDIVIDUAL LIFE FILING

Application for Life Insurance, 1459-F-AR

NAIC Number # 65242, FEIN # 35-0457540

SERFF Tracking Number: LAFA-125780091 State: Arkansas
Filing Company: The Lafayette Life Insurance Company State Tracking Number: 39972
Company Tracking Number:
TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other
Product Name: 1459-F-AR
Project Name/Number: /

Dear Examining Officer:

Enclosed for your consideration and approval is the above-captioned application form. This form is a revised version of Application for Life Insurance form 1459-E-AR, previously approved for use in your state on 11/28/2007. Form 1459-F-AR will be replacing form 1459-E-AR. The application form was approved for use in our domiciliary state, Indiana, on 6/30/2008.

Form 1459-F-AR is a web-based application. The application will be accessed by our licensed agents and home office staff through a password-protected section of our Company's web site. To enter the information on the application, the agent may either: input the requested information on-line and then upload the information to the Company in which event the inputted information will be automatically inserted into the application; or they may print the application without inputting the information on-line and then complete the paper copy by hand. At this time, whether the agent provides the requested information on-line or enters the information in the paper application by hand, in all cases the completed application will be provided in paper form for the applicant to manually sign at the time of solicitation and the signed paper copy will be submitted to the Company. In other words, at this time, the application will not be using electronic signatures.

Please note that when the application is printed, regardless of whether the information is entered over the web or not, the wording of the application will be identical; however, the formatting and length of the document may vary. Examples of reasons for formatting variations are factors such as the parameter settings of the printer being used, the web browser settings and the respective capabilities of each.

As always, we appreciate your time and attention in regards to this filing and look forward to hearing from you.

Sincerely,

Kate Donnoe, FLMI, AIRC, AIAA, ACS
Senior Compliance Analyst
800-443-8793, Ext. 3327
kate.donnoe@llic.com

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Company and Contact

Filing Contact Information

Kate Donnoe, Senior Compliance Analyst	kate.donnoe@llic.com
1905 Teal Rd	(800) 443-8793 [Phone]
Lafayette, IN 47906	(765) 477-3212[FAX]

Filing Company Information

The Lafayette Life Insurance Company	CoCode: 65242	State of Domicile: Indiana
PO Box 7007	Group Code: 836	Company Type: Life and Annuity
Lafayette, IN 47903	Group Name:	State ID Number:
(800) 443-8793 ext. 3417[Phone]	FEIN Number: 35-0457540	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$35.00
Retaliatory?	Yes
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
The Lafayette Life Insurance Company	\$35.00	08/18/2008	21992762

SERFF Tracking Number:	LAFa-125780091	State:	Arkansas
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Product Name:	1459-F-AR		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	08/21/2008	08/21/2008

<i>SERFF Tracking Number:</i>	<i>LAF-125780091</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>The Lafayette Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39972</i>
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>L08 Life - Other</i>	<i>Sub-TOI:</i>	<i>L08.000 Life - Other</i>
<i>Product Name:</i>	<i>1459-F-AR</i>		
<i>Project Name/Number:</i>	<i>/</i>		

Disposition

Disposition Date: 08/21/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number:	LAFB-125780091	State:	Arkansas
Filing Company:	The Lafayette Life Insurance Company	State Tracking Number:	39972
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Product Name:	1459-F-AR		
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		No
Form	Application for Life Insurance		Yes

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Form Schedule

Lead Form Number: 1459-F-AR

Review Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	1459-F-AR	Application/ Enrollment Insurance Form	Initial			1459-F-AR.pdf

THE LAFAYETTE LIFE INSURANCE COMPANY

1905 Teal Road, P.O. Box 7007, Lafayette, Indiana 47903, Phone: 800-243-6631 Fax: 877-267-4409

APPLICATION FOR LIFE INSURANCE, Type: () Individual () Pension**Part 1: Section I: Proposed Insured**

Name: _____ Street Address: _____
 City: _____ State: _____ Zip Code: _____ - _____
 Birth Date: _____ Birth State: _____ Age: _____ Sex: _____ Marital Status: _____
 Height / Weight: _____ Social Security Number: _____
 Home Phone Number: _____ E-mail Address: _____
 Occupation: _____ Duties: _____
 Business Name and Address: _____
 Business Phone: _____ Annual Income: \$ _____

Section II: Others Proposed for Insurance (Spouse / Payor Name / SPO - Designated Person / Child(ren))

Spouse / Payor / SPO	Full Name	Sex	Birth Date	Birth State	Age	Insurance in Force
						\$ _____
	Height / Weight	Occupation / Duties	Employer Name & Address			Years Employed

Child(ren)	Full Name	Sex	Birth Date	Birth State	Age	Height / Weight	Insurance in Force
							\$ _____
							\$ _____
							\$ _____

Section III: Plan / Riders / Benefits / Amount of Insurance**Base Plan**

Base Plan (using Reference Manual wording) _____ Amount of Insurance \$ _____

Death Benefit for Universal Life ONLY () Increasing () Level**IUL-07:** _____ % A: Annual Point to Point _____ % B: Monthly Average _____ % Fixed (Total must equal 100%)**Insurance Riders / Benefits**
 _____ \$ _____ () LPUA \$ _____ \$ _____
 (Indicate Type of Term Rider) Initial Annual Premium Maximum Annual Premium

() Long Term Care Rider (LTC Rider Packet needed) () SPUA \$ _____

() SIR \$ _____ () CIR \$ _____ () SPO \$ _____ () _____ \$ _____

() ADB \$ _____ () GPO / GIO \$ _____ () Payor Benefit with Waiver of Premium

() Waiver of Premium (for Whole Life) () Waiver of Monthly Deduction (UL ONLY) () No-Lapse Premium Waiver (UL ONLY)

Dividend Options: Plan's automatic Option will be used unless otherwise indicated: _____
Premium Billing: Billed Premium Amount \$ _____ Premium
 Billing Frequency _____ (indicate frequency)
Life Insurance in Force or Application Pending on Proposed Insured:

Company	Amount	Year Issued	Accidental Death
	\$ _____		\$ _____
	\$ _____		\$ _____

Existing Policies: Do you have any existing individual life insurance policies and/or annuity contracts in force? () Yes () No

If yes, total amount of existing insurance in force \$ _____

Replacement: Is the policy applied for intended to replace, in whole or in part, any existing life insurance or annuity?

() Yes () No If Yes, list Company: _____

Automatic Premium Loan Provision:

Automatic Premium Loan Provision will be in effect, if available, unless "No" is selected. () No

(under a Pension Plan, the non-forfeiture option will be reduced paid-up)

Section IV: Proposed Owner (if blank, Proposed Insured is Owner)

Primary Owner: _____

Individual or Company or Pension Plan (Trustee Of Plan)

Street Address: _____ City, State: _____ Zip Code: _____

SSN / Tax ID: _____ Relationship to Insured: _____ Owner's Age: _____

Contingent Owner: (if blank, Proposed Insured is Contingent Owner) _____

Street Address: _____ City, State: _____ Zip Code: _____

SSN/ Tax ID: _____ Relationship to Insured: _____ Owner's Age: _____

Section V: Beneficiary (Pension / Profit Sharing Plans: Beneficiary will be Trustee of the Plan named in Section IV above)

Primary Beneficiary _____ Relationship to Insured _____ Date of Birth _____

Contingent Beneficiary _____ Relationship to Insured _____ Date of Birth _____

Part 2: Non-Medical Questions: MUST BE ANSWERED ON ALL APPLICATIONS

	Insured		Spouse		Child		SPO/ Payor	
	Yes	No	Yes	No	Yes	No	Yes	No
1. Have you or any other person proposed for insurance in the past five (5) years:								
a. flown as a pilot, student pilot, or crew member, or is such flying contemplated? (If yes, complete Aviation Questionnaire)								
b. engaged in racing, scuba diving, hang gliding, sky diving, mountain or rock climbing or other hazardous sport or avocation? (If yes, complete applicable questionnaire)								
c. had a drivers license revoked or suspended, had three (3) or more moving violations or accidents, or been convicted for driving under the influence of alcohol or drugs? (If yes, give details, state and license number)								
d. been arrested or convicted for any criminal offense, or are you currently on parole or probation?								
2. Are you or any other person proposed for insurance a current member of any Armed Forces, National Guard or Reserve Unit? (If yes, complete Military Questionnaire)								
3. Are all persons proposed for insurance United States Citizens? (If no, complete Citizenship Questionnaire)								
4. Have you or anyone else proposed for insurance used any form of tobacco in the past three (3) years? (Tobacco includes: cigarettes, cigars, pipe, smokeless, nicotine gum, patch, nasal spray, etc.) If yes, when and what types? Types: _____ Last used (dd/mm/yy): _____								
5. Have you been involved in any discussion about the possible sale or assignment of this policy to a life settlement, viatical or other secondary market provider?								
6. Have you ever sold a policy to a life settlement, viatical or other secondary market provider?								
7. Will any portion of the premiums for this policy be financed?								
8. Will any insured or policyowner receive any payment in connection with insurance issued on the basis of this application?								

Details of "Yes" answers:

Part 3: Medical Questions: Required for Simplified Issue and Regular Underwriting

Part 3: Medical Questions: Required for Simplified Issue and Regular Underwriting							Insured		Spouse		Child		SPO/ Payor	
							Yes	No	Yes	No	Yes	No	Yes	No
9. Have you or anyone else proposed for insurance in the past ten (10) years been diagnosed, treated by or consulted with a medical professional for:														
a. diabetes, cancer, tumors, high blood pressure, heart disease or heart disorder, circulatory system disorder, disorder of brain, mental or nervous disorder, skin disease, arthritis, connective tissue disease, asthma, chronic obstructive pulmonary disease, disorder of the blood, bladder, intestines, kidneys, liver, lungs, pancreas, stomach or reproductive organs?														
b. an Immune Deficiency Disorder, AIDS or AIDS Related Complex (ARC)?														
10. Have you or anyone else proposed for insurance received medical or surgical treatment or advice from a medical professional for any condition not listed in (9a) in the past five (5) years, including a routine examination?														
11. Have you or any other person proposed for insurance in the past ten (10) years used drugs illegally or been advised by a medical professional to seek or have you been treated for alcohol or drug abuse? (If yes, complete Alcohol / Drug Questionnaire)														
12. Is anyone proposed for insurance now under treatment, observation or taking any medication?														
13. Personal Physician: _____ Address: _____														
Telephone Number: _____ Fax #: _____														

Details of “Yes” answers

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Medical Authorization: I (We) **Authorize** any licensed physician, medical professional or health care provider, hospital, clinic, health care facility or other medical care institution, the Veterans Administration or other institutional source, insurance or reinsuring company, the Medical Information Bureau, Inc., insurance support organization or consumer reporting agency, or employer having information available as to diagnosis, treatment and prognosis with respect to any physical or mental condition and/or treatment of me (us) or my (our) minor child(ren) and any other personal or non-medical information of me (us) or my (our) minor child(ren), to give to The Lafayette Life Insurance Company, its legal representative(s), or any consumer reporting agency employed by the Company, any and all such information. I (We) **Understand** the purpose of the authorization is to allow The Lafayette Life Insurance Company to determine eligibility for life insurance or a claim for benefits under a life policy. Any information obtained will not be released by the Company to any persons or organizations **Except** to the Company's reinsurers, the Medical Information Bureau, Inc., or other persons or organizations performing business or legal services for the Company in connection with my (our) application or claim. No other release of information may be made except as may be allowed by law or as I (we) may further authorize. I (We) **Know** that I (we) and my (our) authorized representative may receive a copy of this Authorization by requesting it from the Company. I (We) **Acknowledge** receipt of the Insurance Information Practices, which includes the Medical Information Bureau Pre-Notice and the Fair Credit Reporting Act Notice. I (We) **Agree** that a photocopy of this Authorization shall be as valid as the original and that this Authorization will be valid from the date signed below for a period of twenty-four (24) full months, or less if required by applicable state law. I (We) elect to be interviewed if an investigative consumer report is prepared in connection with the application for insurance.

Applicant Statement: I (We) **Agree:** a) that this Application (Part 1, pages 1 and 2; Part 2; and Part 3, if required; and any Supplement to the Application) shall form a part of any Policy issued and constitute the basis for its issue; b) that no agent of Lafayette Life has the authority to approve a policy or waive the provisions of a policy except an officer of the Company; c) changes or corrections made by the Company, if any, will be ratified by my (our) acceptance of the Policy unless written consent is required; and d) **Except as stated in a conditional receipt completed by the company's agent, Lafayette Life grants no insurance under this application unless and until, during the continued insurability of all persons proposed for insurance as stated in the application, the applied-for policy is issued, delivered to the applicant and the first premium therefore is paid.**

I acknowledge that I have received and read the below fraud notice.

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

I (We) have read the above questions and answers and declare that they are complete and true to the best of my (our) knowledge and belief.

\$ _____ has been paid to the agent named below. This payment can in no way obligate The Lafayette Life Insurance Company unless and until all terms or conditions of the corresponding conditional receipt are met.
(Must Always Be Answered)

Signed at _____ State of _____ this _____ day of _____ year _____

Signature of Proposed Insured Age 15 & Up

Signature of Proposed Insured Spouse/SPO/Payor

Signature of Parent (Juvenile Policy Only)

Signature of Individual Owner, Trustee or Authorized Officer if Corporate Owner - Authorized Officer must be one of the following:
circle one: President/Vice President General Manager Secretary/Treasurer Owner Partner Chairperson

Agent Statement: Does the applicant have any existing individual life insurance policies and/or annuity contracts in force to the best of your knowledge? (Yes___) (No___) The insurance applied for (will___) (will not___) replace any existing life insurance or annuity. The information contained in this application is true and accurate to the best of my knowledge. I have delivered to the proposed insured the Insurance Information Practices which includes the Medical Information Bureau Pre-Notice and the Fair Credit Reporting Act Notice.

Witness _____
Signature of Agent

Agent State License # _____ Agent's Name _____
(if required) Please Print

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: LAFA-125780091

State: Arkansas

Filing Company: The Lafayette Life Insurance Company

State Tracking Number: 39972

Company Tracking Number:

TOI: L08 Life - Other

Sub-TOI: L08.000 Life - Other

Product Name: 1459-F-AR

Project Name/Number: /

Supporting Document Schedules

Review Status:

Satisfied -Name: Certification/Notice

08/18/2008

Comments:

Attachment:

Arkansas Certification.pdf

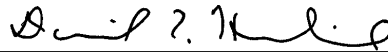
CERTIFICATION

The Lafayette Life Insurance Company, by its undersigned officer, hereby certifies:

- 1) This submission meets the provisions of Rule and Regulation 19 as well as all applicable requirements of the Arkansas Insurance Department;
- 2) It is in compliance with Rule and Regulation 49;
- 3) It is in compliance with ACA 23-79-138; and
- 4) The following forms have the following readability scores as calculated by the Flesch Reading Ease Test and that these forms meet the reading ease requirements of your state laws and regulations.

Form Name	Form Number	Readability Score
Application for Life Insurance	1459-F-AR	50

The Lafayette Life Insurance Company



Daniel E. Haneline, Actuary

Date: August 18, 2008